Case 1:06-cv-00009-GMS

U.S. Department of Justice United States Marshals Service PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

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PLAINTIFF () () f							COURT CASE NUMBER			
Tawanda R Weatherspoon							CA OG- DOG- KAD			
DEFENDANT							TYPE OF PROCESS			
Detective Marzec et							9/0			
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN										
Attorney General of United States Justice										
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)										
AT 950 Pennsylvania Ave NW Washireton D.C. 20530-0001										
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							- Number of process to be		1	
Tawanda R. Weatherspoon						served	served with this Form - 285			
91228 Greentop Rd						•	Number of parties to be served in this case		4	
,						Serveu				
Lincoln DE 19960							Check for service on U.S.A.		٠	
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternale Addresses, All Telephone Numbers, and Estimated Times Available For Service):										
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	Pau	Der	695	6			i	7		
	1 an	Par					l.	مخز		
								6		
Signature of Attorney or other Originator requesting service on behalf of:						TELEP	HONE NUMBER	DATE		
PLAINTIFF						- 200			1 21	
Jana	nua u		freez	poron	☐ DEFENDAN	11 322	- 122 1331	5-6	(-0/	
SPACE BE	ELOW FOR	USE O	F U.S.	MARSHA	L ONLY — D	O NOT	WRITE BELOV	W THI	S LINE	
					orized USM	rized USMS Deputy or Clerk Date				
	nber of process indicated. of Origin to Serve									
	one USM 285 is submitted) No. No									
I hereby certify and return that I \(\) have personally served. Nave legal evidence of service, \(\) have executed as shown in "Remarks", the process described										
							ion, etc., shown at the addr			
☐ I hereby certif	fy and return that	I am unable	to locate tl	ne individual, co	ompany, corporation,	etc., named	above (See remarks below	w)		
Name and title of	f individual served	(if not show	vn above)				A person of si	uitable age	and dis-	
							cretion then resusual place of	siding in th		
Address (complete	only if different th	an shown abo	ove)				Date of Service	Time	am	
							1/5/0/		pm	
							511100	Manahalaa		
							Signature of U.S.	Marshal or	Deputy	
							- CAR			
Service Fee	Total Mileage Cha	_	arding Fee	Total Charges	Advance Deposits	Amount o	wed to U.S. Marshal or	Amount	of Refund	
	(including endear	vors)								
DEMARKS.	<u> </u>									
REMARKS:										
				\cap						



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